



# CHILDREN'S CANCER CENTER & PANERA BREAD SCHOLARSHIP PROGRAM APPLICATION FOR REAPPLYING 2018-2019

Name: \_\_\_\_\_



**KNEAD FOR KNOWLEDGE**  
*Scholarship Program* benefitting  
Children's Cancer Center

## **2018-2019 APPLICATION FOR REAPPLYING**

Children's Cancer Center in Partnership with Panera Bread  
and the Knead for Knowledge Scholarship Program

### **GENERAL INFORMATION:**

The Children's Cancer Center, with the support of Panera Bread, sponsors advanced education scholarships for Florida students that have had a diagnosis of cancer or chronic blood disorder in the Tampa Bay area before the age of 21. Scholarships are for undergraduate degrees from an accredited university, college, community college, vocational technical school or other approved program.

All scholarships are awarded annually.

In order to renew, applicant must reapply. Please note that scholarship renewal is not guaranteed. All applications will be subject to review. Scholarships may be awarded up to 4 consecutive years.

**All applications must be received no later than April 2nd. Recipients will be chosen by a Children's Cancer Center Scholarship Committee and announced no later than April 16<sup>th</sup>. Applicants may be contacted for additional information and/or personal interviews.**

### **SCHOLARSHIP CRITERIA**

In order to be eligible for an advanced education scholarship, an applicant must be:

- ⌘ Diagnosed with cancer or a chronic blood disorder before the age of 21.
- ⌘ Treated medically for their condition in the Tampa Bay area (All Children's Hospital- St. Pete, Outpatient Clinic-Tampa; St. Joseph's Children's Hospital; Tampa General Hospital; Moffit Cancer Center).
- ⌘ A current legal resident of the State of Florida.
- ⌘ Attending an accredited university, college, community college or vocational/technical school.
- ⌘ Complete the **entire** application and provide **all** requested attachments.
- ⌘ Must have a 2.0 GPA and maintain it in order to renew their scholarship.
- ⌘ Complete 20 hours of community service per year either at the Children's Cancer Center or other non-profit organization.
- ⌘ Be a positive representative of the Children's Cancer Center.

Please note that all scholarship disbursements will be sent directly to the school where the scholarship recipient will be/is attending. Checks will not be made payable directly to any student.

**It is the student's responsibility to provide the correct mailing address, including specific office/department on their application.**



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Children's Cancer Center Scholarship Program 2018-2019

**APPLICATION FOR REAPPLYING**

Name:		Date of Birth: ___ / ___ / ___	
Parent(s) Names:			
Street Address:			
City:	State	Zip Code:	
Email address:			
Home Phone :		Work Phone:	
Cell Phone:		Other Phone:	
<b>COLLEGE INFORMATION</b>			
College Attending:			
<b>** Please specify school address where scholarship checks to be sent**</b>			
Department:		Office:	
Street Address:			
City:	State	Zip Code:	
Contact Name:			
School Phone:		Student ID #:	
List your academic major(s):			
Current GPA:		Projected Graduation Date:	

Clubs/Organization Involvement:

Please list your projected expenses for next year:

Tuition: \$ \_\_\_\_\_

Room/Board: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

Lab Fees: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**COMMUNITY SERVICE**

Agency where you completed service hours:

Supervisor Name:

Contact Number:

Hours Completed in the last year:

Examples of activities you assisted with:

**DIAGNOSIS**

**Cancer Patient currently on treatment**

*Year Diagnosed:                      Diagnosis:*

**Cancer Survivor**

*Year Diagnosed:                      Diagnosis:*

**Chronic Blood Disorder (Sickle Cell, Hemophilia, etc.)**

*Year Diagnosed:                      Diagnosis:*

Current Pediatric Hematologist/Oncologist and Clinic/Hospital:

OR

Past Pediatric Hematologist/Oncologist and Clinic/Hospital:

**OTHER FINANCIAL AID**

Have you applied for any other scholarships?  Yes  No

Have you received any other scholarships?  Yes  No

**OTHER FINANCIAL AID (Cont.)**

If Yes, please list the scholarships and amount granted:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Will receiving this CCC scholarship affect your awarded amount from any other scholarships or grants you are receiving? Yes  No

Will you be receiving funds from a Florida 529 savings plan or Florida Prepaid Plan? (Circle which one you will receive) Yes  No

Have you applied for a Florida Bright Futures scholarship? Yes  No

Did you receive it? Yes  No

If yes, please check level.  Florida Academic Scholars (FAS)- \$103 per credit hour  
 Florida Medallion Scholars (FMS) - \$77 per credit hour  
 Gold Seal Vocational Scholars (GSV)- \$77 per credit hour

**ESSAY TOPIC QUESTIONS ~ must be at least 250 words**

Submit a typed response essay to the following prompt: **(Include word count in heading)**

1. Discuss an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself or others. Has this played a role in your current pursuit of a higher education and/or the career path you have chosen?

**Essay will be scored on the following (1-5 scale) :**

- Quality of Content:
  1. Random information, unclear support (score would be a 1)
  2. Clear topic, well focused, very detailed (score would be a 5)
- Structure/Grammar:
  1. No structure or introduction, multiple spelling errors (score would be a 1)
  2. Well-structured essay with no grammatical errors (score would be a 5)

**Household information:**

Parent annual income: \$ \_\_\_\_\_ Outstanding medical bills: \$ \_\_\_\_\_

Number of children enrolled in college during the 2018-2019 school year: \_\_\_\_\_

**Please feel free to attach a brief explanation to any of the above financial documents**

I verify that the above information and all enclosures included with this application are accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make sure your form is complete and send to:**

Children's Cancer Center  
Attention: Scholarship Committee  
4901 W. Cypress Street  
Tampa, FL 33607

With any questions, please call Kelly Carpenter at (813) 367-5437 x 3 or  
email: [kcarpenter@childrenscancercenter.org](mailto:kcarpenter@childrenscancercenter.org)

**FINAL CHECKLIST FOR MAILING:**

- A copy of current college transcripts
- A letter from agency where service hours were completed.
- Attach essay sheet with full name and word count on cover sheet.
- Email a photo of yourself to [kcarpenter@childrenscancercenter.org](mailto:kcarpenter@childrenscancercenter.org)
- Email a copy, in Microsoft word format, of your essay to [kcarpenter@childrenscancercenter.org](mailto:kcarpenter@childrenscancercenter.org)  
(no Drop Box or PDF format accepted)

**If you are chosen, by our committee, as a 2018-2019 scholarship recipient, you will be notified on April 16<sup>th</sup> and invited to the Panera Bread Knead for Knowledge Scholarship Dinner on Thursday, May 10<sup>th</sup>.**